

2010 Southern Indiana Classic Marathon and Half Marathon Entry

April 11, 2010

Full Marathon, 1/2 Marathon, Wheelchair 1/2 Marathon and Partner Marathon

Register online at www.SICMarathon.com

Complete Entire Form. Postal mail entries must be postmarked by April 5, 2010.

Please print neatly. Photocopied entries will be accepted.

One participant per form, please. Mail completed form with payment to:

Southern Indiana Classic Marathon Road Runners Club P.O. Box 16128 Evansville, IN 47716

Name (First)

(Last)



Address

Apt. #/Suite

City

State

Zip or Postal Code

Country

Phone (Day)

(Night)

E-Mail Address (please print VERY clearly)

M F

*Birth Date

*Age on Race Day

**Est. Pace per Mile

Participation in the Southern Indiana Classic Marathon, Half Marathon, or Partner Marathon, can be a serious threat to the health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Southern Indiana Classic Marathon/Half Marathon/Partner Marathon, I myself, my executors, administrators, heirs, and assignees do hereby release and discharge Vanderburgh County, the Vanderburgh County Sheriff's Department, City of Evansville, the Indiana National Guard, the Southern Indiana Classic Marathon Road Runners Club, the American Diabetes Association, the Race Committee, Orthopaedic Associates, ProgressiveHealth of Indiana, and all sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature including, but not limited to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the afore said events. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.



Signature of Athlete

Signature of Parent/Guardian if athlete is under 18

Date

**THERE IS A 17 MIN/MILE TIME LIMIT FOR THE HALF MARATHON, 15 MIN/MILE TIME LIMIT FOR THE FULL MARATHON.

IF YOU ARE NOT ON PACE TO COMPLETE THE FULL MARATHON WITHIN THE TIME LIMIT, YOU WILL BE ASKED TO COMPLETE THE HALF MARATHON INSTEAD AT THE SPLIT POINT.

SHIRT SIZE (circle one): S M L XL XXL

Race registration fee includes family-friendly After-Party and concert, plus long-sleeved cotton participant shirt.

Through 12/31/09 Full \$70 *Half \$55 \$_____

Through 4/5/10 Full \$80 *Half \$65 \$_____

For purposes of payment, partner marathon entry is considered a half marathon entry

If Partner Marathon Entry, please list both members of Relay here:

First Half Participant _____ Second Half Participant _____

\$7 upgrade fee for long-sleeved dri-fit shirt \$_____ Additional contribution for the American Diabetes Association: \$_____

Total Payment Enclosed: \$_____ Note: Any overpayment will be donated to the American Diabetes Association

